Australian Government

Australian Digital Health Agency

Communique – National Scaling of Secure Clinical Messaging

The Australian Digital Health Agency and Medical Software Industry Association jointly conducted an industry workshop in Melbourne on 2 December 2019 to review the considerable progress that has been made towards a national interoperable secure clinical messaging system. This included a number of key milestone achievements and the launch of an approach for national scaling of the system.

The meeting was co-chaired by **Ms Bettina McMahon** Chief Operating Officer, Australian Digital Health Agency, **Ms Emma Hossack** Chief Executive Officer, Medical Software Industry Association and **Dr Nathan Pinskier** former Chair of the RACGP Expert Committee – eHealth and Practice Services.

More than 50 people attended, representing clinical and secure messaging software suppliers, various State, Territory and Commonwealth government bodies, and other industry stakeholders. The participants enjoyed lively discussions and sharing of viewpoints and agreed upon the following statements.

Government commitment to interoperable secure clinical messaging

The State, Territory and Commonwealth governments issued a joint statement emphasising their commitment towards an interoperable secure messaging service.

State, Territory and Commonwealth Governments re-emphasise their commitment to health information that can be exchanged securely through interoperable systems.

The National Digital Health Strategy 2018-22 – endorsed by all Health Ministers – calls out the problem that current secure messaging methods are generally not compatible, meaning that proprietary secure messaging approaches do not work with each other. It calls for a nationally consistent, standards-based approach to secure messaging, to enable healthcare providers to communicate effectively.
Australian governments – through Australian Digital Health Agency – have co-developed standards with industry, tested and refined these through two implementations, balloted standards where necessary, and provided financial support to industry to implement these standards.

Governments will commence including the secure messaging interoperability standards into future procurements for applicable systems, as opportunities are identified.

We look forward to working with the software market to support safer delivery of healthcare.

National scaling approach

An approach for national scaling was discussed that encompasses the following initiatives:
1. Develop a secure messaging governance framework
2. Develop secure messaging use cases
3. Develop standards and a standards framework
4. Implement a federated directory solution
5. Develop a trust framework
6. Support change and adoption across the health sector
7. Develop a framework of levers

There was support to continue work underway, especially for initiatives 2, 3, 4 and 5. Attendees recognised that there is more work to be done on these before commencement of work on the other initiatives.

Attendees agreed that the standards framework and governance arrangements should not be developed in a vacuum, bespoke to secure messaging. A collaborative, not "top down", approach was endorsed for development in this space. The governance arrangements should be consistent with the broader digital health interoperability approach.

Flexibility in mindset and pragmatism in approach were endorsed as the means for achievement of the goal – not aiming for perfection but reflective of current approaches in software and practice. We will develop high-level criteria that define what success looks like. We will consider this over the next six months and agree next time we meet.

Workflow

Attention needs to shift to usability and workflow for end users. Now that barriers to interoperability at the technical layer are largely addressed, with the exception of financial and business models, the success of national scaling is dependent on the experience of clinicians using secure messaging solutions.

Attendees agreed that user experience design work is best done by industry in conjunction with end user stakeholders. It was acknowledged that the Agency could assist this important work through facilitation of collaboration across industry and professional associations. The Agency would also have a role with provision of enabling services, such as test environments.

Directories

Attendees acknowledged the critical importance of directories in achieving secure messaging interoperability. There was a recognition of the need to continue work on federated directories, and that the success of our efforts will impact workflows and usability. It was also noted that directories should be open rather than closed federations.

Priorities

Momentum for change and adoption should be created by selecting a use case and a timeframe for achievement of the most widely used message type occurring via secure messaging by a set date. Attendees supported the Agency proposing a use case (e.g. referrals or discharge summaries) to be primarily electronic by a specific point in time, with various change and adoption levers applied in support.

The Agency will consult on a suitable use case and timeframe by April 2020.

Success criteria will be defined along with the timeframes for them to be met. Once these criteria have been met, a plan for national adoption will be developed.

Looking to the future

Attendees recognised the plans underway to achieve interoperability across a broad range of healthcare systems, and their relevance to the goal of seamless national secure clinical messaging.

Incremental improvements towards interoperability in secure messaging were acknowledged and supported as an approach to date, but the next iteration is now approaching where systems will exchange data through APIs rather than the current transport protocols. Some software organisations are already investing in this capability, so there will be a time when these new technical methods will supersede current methods.

There is a desire to develop for the future, not just for legacy systems. As we move to new methods – including more use of FHIR-based APIs –development should occur through a pathway of agreed standards, validation and conformance criteria. Clarity in respect of quality control measurements and monitoring will be an essential part of this progress.

It was generally agreed that previous approaches have not progressed as quickly or as smoothly as anticipated. In the meantime the digital health environment has continued to develop. The new methods that are emerging will be well suited to the contemporary environment, and these too will be covered by a framework to avoid silos and the mistakes of the past.
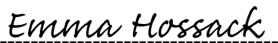
Signed:

Co-Chair, Ms Bettina McMahon

B Mahon

2 December 2019

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Signature   _Date_

Co-Chair, Ms Emma Hossack

Emma Hossack

2 December 2019

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Signature   _Date_   16 December 2019

Co-Chair, Dr Nathan Pinskier

2 December 2019

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